

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540082

FILING DATE

APPLICANT(S)

10/19/87

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1			
2	1					
3						
4	1		1			
5	① 4		1			
6	① ①		1			
7	① ①		1			
8	① ①		2			
9	① ①		2			
10	① ①		2			
11	① ①		2			
12	① ①		2			
13	① ①		1			
14	① ①		1			
15	① ①		1			
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	18	↔	15	↔		↔
TOTAL CLAIMS	19		16			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						↓
TOTAL DEP.						↓
TOTAL CLAIMS						↓